



# Balcones Heights Police Department

3300 Hillcrest Drive, Balcones Heights, Tx. 78201

210-735-6244 Phone / 210-735-4954 Fax

## Forged Check Form-Account Holder

**\*Form must be completed by the Account Holder or Purchaser of Money Order**

Balcones Heights Police Dept. Case #: \_\_\_\_\_

Submitted By: (Person completing form) \_\_\_\_\_

Address: \_\_\_\_\_ Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date form completed: \_\_\_\_\_

Notes: \*This form must be completed for investigation.

\*If additional space is needed, use the back of the form and identify by number.

\*Only checks passed in Balcones Heights will be accepted.

1. Address where check was accepted: \_\_\_\_\_

Name of person who accepted check: \_\_\_\_\_

Date check accepted: \_\_\_\_\_

Time accepted: \_\_\_\_\_

Was a photo or video taken: YES ☐ NO ☐

Contact Person for video/photos: \_\_\_\_\_

2. Name of Suspect: \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Hgt \_\_\_\_\_ Wgt \_\_\_\_\_ Hair Color \_\_\_\_\_

How do you know the Suspect? \_\_\_\_\_

3. Other Witnesses:

Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Bus.) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Bus.) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Bus.) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Bus.) \_\_\_\_\_

***STAPLE ORIGINAL OR BANK FURNISHED CHECK HERE (front and back). KEEP A COPY FOR YOUR RECORDS***

### Mail To:

Balcones Heights Police Department

Criminal Investigations Division

3300 Hillcrest Drive

Balcones Heights, Texas 78201



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## ACCOUNT HOLDER STATEMENT/AFFIDAVIT

STATE OF \_\_\_\_\_ §

COUNTY OF \_\_\_\_\_ §

BHPD Case # \_\_\_\_\_

My Name is \_\_\_\_\_ My date of birth is \_\_\_\_\_

My address is \_\_\_\_\_

I am the person named as ACCOUNT HOLDER ☐ or PAYEE ☐ or ENDORSER ☐ on the following checks/money orders:

| Check # | Amount | Account Holder | Payee | Financial Institution |
|---------|--------|----------------|-------|-----------------------|
| 1.      | _____  | _____          | _____ | _____                 |
| 2.      | _____  | _____          | _____ | _____                 |
| 3.      | _____  | _____          | _____ | _____                 |
| 4.      | _____  | _____          | _____ | _____                 |
| 5.      | _____  | _____          | _____ | _____                 |

I state that the above listed check(s) is a forgery. I have not received any of the proceeds of said check(s) nor derived any benefit from the said check(s). I request prosecution and will appear as a witness in this case. I wish to state the following: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_

SEAL

\_\_\_\_\_  
Notary Public

(Statement Information Supplement must be included with this statement)



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## Statement Information Supplement

Note: This information is confidential and only for Balcones Heights Police Department and Bexar County District Attorney official records.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Marital Status: ☐Single ☐Married ☐Separated ☐Divorced ☐Widowed

Name of Spouse if Applicable: \_\_\_\_\_

Nearest relative other than spouse:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_